24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Workers' Voice			
	C C00484287		
Check if 24-hour report X 48-hour report New report X Amends report filed of	on 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
Voices of the American Federation of Government Employees	09 28 2014		
Mailing Address 80 F Street, NW	Amount		
City State Zip Code	0.90		
Washington DC 20001	Transaction ID : D542502 Date of Disbursement or Obligation		
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 28 / 2014		
Name of Federal Candidate Support Office	Sought: House District:00		
CORY GARDNER Oppose	President Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For:		
Full Name of Payee	Date of Public Distribution/Dissemination		
Voices of the American Federation of Government Employees			
Mailing Address 80 F Street, NW			
	Amount		
City State Zip Code	65.40		
Washington DC 20001	Transaction ID : D542503 Date of Disbursement or Obligation		
Purpose of Expenditure Delivery Category Categor	M - M / D - D / Y - Y - Y - Y		
Inkind Staff Travel 002 Type 002	09 28 2014		
	Sought: House District: 00		
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary		
, , ,	Guier (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	66.30		
(b) CUPTOTAL of Heiterical Index and at Forest Press			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENDENT EXPEND	ITORES	PAGE 2 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour	report New rep	ort X Amends repo	t filed on 09 30 2014
Full Name of Payee Voices of the American Fed	eration of Governr	nent Employees	Date of Public Distribution/Dissemination
Mailing Address 80 F Street, NW			09 28 2014 Amount
City	State	Zip Code	65.40
Washington	DC	20001	Transaction ID : D542511 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		44052.72	Disbursement For:
Full Name of Payee		. = .	Date of Public Distribution/Dissemination
Voices of the American Federation of Government Employees			
Mailing Address 80 F Street, NW			Amount
City	State	Zip Code	94.70
Washington	DC	20001	Transaction ID : D542512 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / 28 / Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President X Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		17670.98	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		160.10
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		>
(c) TOTAL Independent Expenditures			>
	ny candidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	0
Check if 24-hour report X 48-hour report New report X Amends report filed	on 09 / 30 / 2014
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
	09 / 28 / 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	2.39
Washington DC 20006	Transaction ID : D542700 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 28 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
MARK E UDALL Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
	09 28 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	0.90
Washington DC 20006	Transaction ID : D542709 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / 28 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) CURTOTAL of Hamirad Independent Funerality	
(a) SUBTOTAL of Itemized Independent Expenditures	3.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Bato	0 17 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	TI EXI EITE			PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on 09	30 2014
Full Name of Payee AFL-CIO				blic Distribution/Dissemination
			09	28 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		0.90
Washington	DC	20006		on ID: D542716 sbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 09	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	40748.89	Disbursement For 2014 Other	: Primary X General
Full Name of Payee				ablic Distribution/Dissemination
Colorado AFL-CIO L2K			M M M 09	28 2014
Mailing Address 140 Sheridan Blvd			Amount	النبا النبا ا
				200.70
City Denver	State CO	Zip Code 80226		326.79 1 ID : D542734 Shurrament or Obligation
Purpose of Expenditure		Category/ 001	М - М	sbursement or Obligation
InKind Staff		Type 001	09	28 2014
Name of Federal Candidate MARK E UDALL		Support	Office Sought:	House District: 00
MARN E ODALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7 7	17670.98	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. •	327.69
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	9 10 / 17	
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 5 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
	_	
Check if 24-hour report X 48-hour report New report	Amends report filed on	09 30 2014
Full Name of Payee AFSCME for Michigan	Date	e of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW	Amo	09 28 2014 Dunt
City. State Zin	Octo	66.20
City State Zip Washington DC 200		66.29 nsaction ID : D542748 of Dichurcement or Obligation
Purpose of Expenditure InKind Staff	tegory/ Type 001	of Disbursement or Obligation 09 28 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
GARY PETERS	Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought 4074	Disburseme 2014	ent For:
Full Name of Payee AFSCME for Michigan Mailing Address 1625 L Street, NW		e of Public Distribution/Dissemination 9 28 2014 pount
City State Zip	Code	66.29
		saction ID : D542756 e of Disbursement or Obligation
Purpose of Expenditure InKind Staff	tegory/ Type 001	09 / 28 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
TERRI LYNN LAND	Oppose Pres	ident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		132.58
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· · ·	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized con party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically	Filed] Date 10	17 2014
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	0
Check if 24-hour report X 48-hour report New report X Amends report filed	on 09 / 30 / 2014
Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination
	09 28 2014
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	164.57
Washington DC 20036	Transaction ID : D542520 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 28 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination
	09 28 2014
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	152.79
Washington DC 20036	Transaction ID : D542523 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / D D / Y Y Y Y Y 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	317.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Bato	0 17 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	// ONLS	PAGE 7 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New rep	port X Amends report	filed on 09 30 2014
Full Name of Payee		Date of Public Distribution/Dissemination
USW Works		09 28 2014
Mailing Address FIVE GATEWAY CENTER		Amount
City State	Zip Code	193.37
Pittsburgh PA	15222	Transaction ID : D542483
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
USW Works		09 28 2014
Mailing Address FIVE GATEWAY CENTER		Amount
City State	Zip Code	32.67
Pittsburgh PA	15222	Transaction ID : D542488 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / 28 / Y 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
TERRI LYNN LAND	Oppose	President Senate State: MI
Calendar Year-To-Date		Disbursement For: Primary X General
Per Election for Office Sought	40748.89	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		226.04
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler		M M / D D / Y Y Y Y
Signature	nically Filed] Date	10 17 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

	chedule E)			PAGE 8 OF 8 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
۷	Workers' Voice		C	C00484287
Ch	heck if 24-hour report X 48-hour report New report	ort X Amends repor	rt filed on 09	30 / 2014
_	Full Name of Payee		Date of Public	c Distribution/Dissemination
	USW Works		09	/ 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address FIVE GATEWAY CENTER		Amount	
	City State	Zip Code		342.05
	Pittsburgh PA	15222	Transaction I Date of Disbu	
	Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 09	28 2014
	Name of Federal Candidate	X Support	Office Sought:	House District: 00
	ALISON LUNDERGAN GRIMES	Oppose		Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought	44052.72	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
	Full Name of Payee		Date of Publi	ic Distribution/Dissemination
	USW Works		09	/ 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address FIVE GATEWAY CENTER		Amount	
	City State	Zip Code		346.76
	Pittsburgh PA	15222	Transaction II Date of Disbu	D: D542494 ursement or Obligation
	Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	M 09	28 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	MITCH MCCONNELL	Oppose	President	Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought	44052.72	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures			688.81
	· · · · · · · · · · · · · · · · · · ·			
	(b) SUBTOTAL of Unitemized Independent Expenditures		• •	7
_	(c) TOTAL Independent Expenditures)	1922.17
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Elizabeth H Shuler [Electroni	nically Filed] Date	M / D D D 17	/ Y Y Y Y Y 2014
	Signature	_ t i bate		